Adversely Reacting Drugs in Aspirin Sensitive Patients with Asthma

ASPIRIN INTOLERANCE in patients with asthma has been well documented. The reported prevalence of wheezing after the ingestion of aspirin in asthmatic patients has ranged from 2 to 20 percent. Results of a recent study in children with chronic asthma and no history of aspirin intolerance showed that 28 percent had a significant decrease in pulmonary function following aspirin challenge.

Persons who have aspirin intolerance may have adverse reactions to other drugs. Indomethacin, the anthranillic acid derivatives including mefenamic acid and flufenamic acid, and new nonsteroid antiinflammatory drugs such as ibuprofen, naproxin and tolmetin sodium caused bronchial constriction in some aspirin sensitive patients with asthma. Tartrazine, a Food and Drug Administration approved dye known as Yellow #5, has been reported to precipitate symptoms in some of these persons. Tartrazine is widely used as a food coloring to produce yellow, orange and green colors. It is used to color foods, beverages and tablet medications.

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The Allergy Physician's Assistant (APA) Training Program in California

WITH THE AID of a recently completed four-year United States Public Health Service grant, the allergy physician's assistant has emerged as a licensed professional in California. The program created a demand by allergists for skilled assistants and resulted in a valuable new type of professional, according to a recently published paper.

Allergy physician's assistants (APA) are knowledgeable in immunology, environmental studies (including botany and mycology), history taking, limited physical examination, preparation of allergen extracts, skin testing, environmental home studies, allergy treatments and office management.

Licensed graduates of the program are proving their value as a direct benefit to patients and physicians by helping physicians to give more quality time to the patient. They can provide closer follow-up, and supplement comprehensive care at lower cost. It has been noted that immunotherapy, especially in children, can often be avoided by expert environmental investigation and follow-up which results in the elimination of offending allergens.

The present APA program includes four semesters (six quarters) of academic and clinical study followed by a 12-week externship in a clinic or office practice. The program is a joint project of the University of California, San Diego, School of Medicine, and the University of San Diego Hahn School of Nursing and Allied Health Science. Successful graduates may be licensed in the state of California and may be employed by Boarded or Board eligible allergists.

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The Effect of Childhood Asthma on Growth

IMPAIRMENT of the normal growth pattern is not unusual in children with bronchial asthma. This is related to both the severity of asthma and the dosage of corticosteroid that may be required to control the disease. Williams has shown that asthmatic children with barrel chest deformities had the most significant reduction in height and weight compared with age-matched normal controls. Furthermore, Falliers reported that 36 percent of asthmatic children in hospital who never received steroids were two standard deviations or more below predicted height. Poor growth in these children could be related to chronic hypoxemia. Improvement in growth and development follows resolution of persistent asthma.

It has been shown that prednisone in as little as 4 mg per square meter of body area in a daily dose can stunt growth. An alternate day dose of 18 mg